

ISSUE SLD STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	12-03-01
OLP E CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	10/19
FORMALITY REVIEW	M.H.	1102	11/01/01
RESPONSE FORMALITY REVIEW	AM	917	09-18-02

# INDEX OF CLAIMS

- Rejected  
 - Allowed  
 - (Through numbers) Cancelled  
 - Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy